# Late Contribution Report

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|---|---|
| **NAME OF FILER**<br>Madera County Republican Central Committee (FPPC) | **CALIFORNIA FORM** **497** |

| | | Date of This Filing ___04/22/2019___ | Date Stamp | |
|---|---|---|---|---|
| AREA CODE/PHONE NUMBER<br>(559)673-9698 | I.D. NUMBER (if applicable)<br>1265437 | **Report No.** ___145___ | | For Official Use Only |
| STREET ADDRESS | | ☐ **Amendment to Report No.** _____<br>(explain below) | Page 1 of 2 | |
| CITY<br>Madera | STATE CA  ZIP CODE 93637-2908 | **No. of Pages** ___2___ | | |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---|---|---|---|---|
| 04/19/2019 | Committee To Elect David Rogers<br>Chowchilla, CA 93610-9340<br><br>ID# 1325135 | ☐ IND<br>■ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | $1,000.00 |
| 04/19/2019 | JT Customs<br>Riverdale, CA 93656 | ☐ IND<br>☐ COM<br>■ OTH<br>☐ PTY<br>☐ SCC | | $1,100.00 |
| | | ☐ IND<br>☐ COM<br>☐ OTH<br>☐ PTY<br>☐ SCC | | |

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

2375477-0

# Late Contribution Report

**Type or print in ink.**
**Amounts may be rounded to whole dollars.**

| | |
|---|---|
| **NAME OF FILER**<br>Madera County Republican Central Committee (FPPC) | **Date of**<br>**This Filing** _____ 04/22/2019 _____ |

**CALIFORNIA FORM 497**

| | | |
|---|---|---|
| AREA CODE/PHONE NUMBER<br>(559)673-9698 | I.D. NUMBER  (if applicable)<br>1265437 | **Report No.** _____ 145 _____ |

Date Stamp

For Official Use Only

Page 2 of 2

STREET ADDRESS

☐ **Amendment**
**to Report No.** _____
(explain below)

| CITY<br>Madera | STATE<br>CA | ZIP CODE<br>93637-2908 |
|---|---|---|

**No. of Pages** _____ 2 _____

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>**(IF COMMITTEE, ALSO ENTER I.D. NUMBER)** | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>**(IF APPLICABLE)** |
|---|---|---|---|---|
| | | | | |
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| | | | | |
| | | | | |

Reason for Amendment:

**FPPC Form 497(June/01)**
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

2375477-0